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Bank One Tower  
100 North Broadway Avenue, Suite 1700  
Oklahoma City, OK 73102-8820  
TELEPHONE: (405) 232-0621  
TELECOPIER: (405) 232-9659

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**FACSIMILE TRANSMISSION COVER SHEET**

DATE: June 30, 2006

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NUMBER OF PAGES INCLUDING THIS COVER SHEET: 18

FROM: Randall K. McCarthy, Registration No. 39,297

TO: Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

ADDRESSEE/ORGANIZATION	FAX NO.	TELEPHONE NO.
Art Group 3729	571/273-8300	571/272-4100

RE: Application No. 10/817,609  
In re application of: Michael W. Pfeiffer, et al.  
Assignee: SEAGATE TECHNOLOGY LLC  
Dkt. No.: STL11386

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JUN 30 2006

PATENT  
Dkt. STL11386

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Michael W. Pfeiffer, Dennis R. Nielsen and Thomas P. O'Neill  
Assignee: SEAGATE TECHNOLOGY LLC  
Application No.: 10/817,609 Group No.: 3729  
Filed: April 2, 2004 Examiner: Tai V. Nguyen  
For: APPARATUS FOR PROTECTING AND MERGING A HEAD STACK ASSEMBLY

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

## TRANSMISSION

☒ facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300.Date: June 30, 2006

Signature

Diana C. Anderson

(type or print name of person certifying)

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY				
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDIT. FEE		
TOTAL	16	- 20	= 0	x	\$ 50.00	=	\$	0.00
INDEP.	3	- 3	= 0	x	\$ 200.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+	\$ 0.00	=	\$	0.00
TOTAL ADDIT. FEE								\$ 0.00

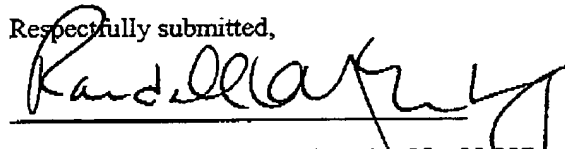
No additional fee for claims is required.

**FEE DEFICIENCY**

5. If an additional extension and/or fee is required, charge Account No. 06-0540.  
If an additional fee for claims is required, charge Account No. 06-0540.

Date: 6/30/06

Respectfully submitted,



Randall K. McCarthy, Registration No. 39,297  
Mitchell K. McCarthy, Registration No. 38,794  
Fellers, Snider, Blankenship, Bailey & Tippens  
100 North Broadway, Suite 1700  
Oklahoma City, OK 73102-8820  
Telephone: 405-232-0621  
Fax: 405-232-9659  
Customer No. 33900